PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

			or Fax (5	/1)-2/3-2005		
appropriate. All further co	prespondence including below or directed of	ig the Patent, advance	orders and notification of (a) specifying a new corre	maintenance fees w spondence address;	red). Blocks I through 5 s rill be mailed to the current and/or (b) indicating a sep	correspondence address a arate "FEE ADDRESS" fo
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, mus have its own certificate of mailing or transmission.		
28390 7	590 01/31	/2008	hav			
MEDTRONIC V IP LEGAL DEPA 3576 UNOCAL PI	C.	I bi Sta add trat	creby certify that thi tes Postal Service w bressed to the Mail	tificate of Mailing or Trans is Fee(s) Transmittal is being ith sufficient postage for fir Stop ISSUE FEE address FO (571) 273-2885, on the c	g deposited with the Uniter st class mail in an envelope above, or being facsimile	
SANTA ROSA, C	A 95403			Kimb	eny Melvi	(Depositor's name)
				KI		(Signature)
				April	3,2008	(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/665,936	09/19/2003		Jack Chu	······································	P1768 (MEDT/0024)	6819
TITLE OF INVENTION: E	DELIVERY OF THER	APEUTICS TO TREAT	ANEURYSMS			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO ·	\$1440	\$300	\$0	\$1740	04/30/2008
EXAMIN	ER	ART UNIT	CLASS-SUBCLASS			
KENNEDY, SHARON E 1615			604-891100			
Change of correspondence CFR 1.363). Change of correspondence Address form PTO/SB/1 "Fee Address" indicate PTO/SB/47; Rev 03-02 Number Is required.	dence address (or Cha 22) attached.	nge of Correspondence	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (beying as a member a 2. Registered patent attorneys or a gents. If no name is listed, no name with be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)						
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed fo recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.						
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY_and STATE OR COUNTRY)						
Medtronic Vascular, Inc. Santa Rosa, California USA .						
Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 💆 Corporation or other private group entity 🚨 Government						
4a. The following fee(s) are Lissue Fee Publication Fee (No s	mall entity discount e		Psyment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Psyment by crodic and. Form PTO-2038 is attached. Name of the property of the story. Name of the property of the form).			
 Change in Entity Status a. Applicant claims Si 			☐ b. Applicant is no lon	ger claiming SMAL	L ENTITY status. See 37 C	FR 1.27(g)(2).
NOTE: The Issue Fee and Printerest as shown by the reco	ublication Fee (if requ ords of the United Stat	ired) will not be accepte es Patent and Trademark				
Authorized Signature Jam's J Bitse Registration No. 33, 640						
This collection of information is required by 3 T CFR 1.311. The information is required to obtain or retain a benefit by the gubble which is to file (and by the LSPTO to proceed an application. Confidentially is governed by 3 S U.S. C. 22 and 3 CFR 1.14 that collection is extinued to take 12 minutes to complete representations assimiting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chef Information Officer, U.S. Patent and Trademark Office, U.S. Patent and Trademark Office, U.S. Patent and Information Officer, U.S. Paten						